

ASLMS Visiting Expert Program

Visiting Expert Release

The undersigned will be participating as a Lecturer in the Visiting Expert Program of the American Society for Laser Medicine and Surgery, Inc. ("ASLMS"). I understand and acknowledge the following:

1. I will comply with the criteria to participate in the Visiting Expert Program as set forth by ASLMS.
2. ASLMS will have no role in or responsibility for the actual implementation of my individual presentation, including but not limited to supervision, administration, advice, guidance, monitoring, direction, conduct, or performance.
3. Each individual Visiting Expert presentation reflects the views, skills, practice, and content of individual expert only, and the views and techniques presented in my presentation do not represent the views, practices, opinions, or recommendations of ASLMS as an organization.
4. ASLMS assumes no liability for any individual Visiting Expert presentation. I am participating in the Visiting Expert Program voluntarily, and I agree to assume and accept known and unknown risks which may be associated with the program.
5. The approval of Visiting Experts for participation in educational lectures by ASLMS is governed solely by the criteria as set forth by ASLMS, and is not based on consideration of clinical abilities, personal characteristics, or similar factors.
6. I release, indemnify, and hold harmless ASLMS and its directors, officers, committee members, employees, agents, successors, assigns, volunteers, program sponsors, and contributors from all liability, claims, damages, and legal fees and costs relating to any injury or harm, physical or otherwise, to myself or to any other person or property which may arise out of or in connection with the Visiting Expert Program.

Dated _____

Sign Full Name

Print Full Name